

**New Hampshire State Council on the Arts
Community Arts – Artist Roster Narrative Questions**

EXPERIENCE

1. Briefly describe the types of programs you offer and the populations they serve.

2. In what year did you/your ensemble start working professionally?

3. Have you previously applied to any of the State Arts Council rosters?
☐ Yes (circle which one/s: Arts in Ed., Touring, Community Arts, Traditional Arts) Year____
☐ No

4. Have you ever received an Artist Fellowship from the State Arts Council?
☐ Yes (Artistic Discipline: Visual, crafts, music, theatre, dance, media, literature) Year____
☐ No

5. What was your/your ensemble's gross income derived from your professional arts-related work during 2005? _____ 2006? _____

6. List your fees/fee range for the following as relevant::

Concerts/readings:
Workshops:
Master Classes:
Lecture-demonstrations:
Residencies (per day):
Other:

7. Describe your work with community members, particularly with any "hands on" components, participatory arts and public art programs, and/or multi-day residencies.

8. Briefly list the types of venues in which you have done your work (e.g. concert halls, schools, town halls, galleries, museums, opera houses, senior centers, hospitals, prisons, libraries, parks, etc.)
9. How do you promote/market your work and secure bookings? Please include your website address.
10. **References:** Please attach a list of three organizations which have presented your work over the past three years, noting: engagement date, facility, presenting organization, contact person and their telephone number/e-mail. *Note: Applicants should only list engagements that involved community members/populations in participatory arts programs.*

11. **Background Check Policy:** (fill out form referenced in attachment #7)

Membership on the New Hampshire Artist Roster is earned through a review process that evaluates artistic quality and the artist's ability to communicate with the public. The State Arts Council does not conduct criminal background checks on the artists on its Roster. However, if the State Arts Council receives evidence that a Roster Member has been convicted of a crime (felony or misdemeanor) in New Hampshire or in another state, the State Arts Council reserves the right to withdraw the privilege of roster membership from that artist. The State Arts Council also reserves the right to suspend membership of an Artist Roster Member if that artist is under formal investigation for or is charged with a crime (felony or misdemeanor). Removal or suspension is not automatic; each case is reviewed individually.

In lieu of a background check (required by schools), roster applicant artists must complete a disclosure form—see attachment # 7---and submit it with this application as an attachment. This attachment will not be shared with evaluators, but may be referred to the State Arts Councilors or Office of Attorney General at the discretion of the NHSCA Director.

12. **Upcoming Engagements for Site Evaluations:**

On site evaluations are required for all artists applying for membership on the Community Arts Rosters. Please list at least three engagements that you have scheduled between May 1 and October 15th of this year to which we can send an evaluator. Sites must be within the six-state New England region, **preferably in New Hampshire.**

Note: If there is a change in time, date or location of any of these engagements, applicants *must* notify the Community Arts Coordinator at least three days prior to the engagement. Failure to do so may result in evaluation forfeiture and invalidation of this application.

1. Date(s) of Program: _____ Time: _____ Location: _____
 Type of Program: (concert, exhibit, reading, workshop etc.): _____
 Facility Address: _____

Presenting Organization:
Contact Person:

Phone:

e-mail:

2. Date(s) of Program:
Type of Program:
Facility Address:

Time:

Location:

Presenting Organization:
Contact Person:

Phone:

e-mail:

3. Date(s) of Program:
Type of Program:
Facility Address:

Time:

Location:

Presenting Organization:
Contact Person:

Phone:

e-mail

ATTACHMENTS AND SUPPORT MATERIAL

1. On a separate sheet:
 - (a) List your 2005 and 2006 arts engagements/programs, including names of presenting organizations, city and state;
 - (b) List any engagements you have secured for 2007 as above.
2. If an ensemble: list names, addresses, phone numbers/e-mails and instrument or role of all members in the ensemble
3. Solo artists must submit a current bio or resume.
4. Include four copies of your promotional materials (flyers, publications, press releases, reviews, photos, website address, etc.)
5. **Performing, Media and Literary artists:** Include one copy of an audio/video tape or DVD. **Literary artists** must also include four copies of manuscripts as per *Preparation of Work Samples* (<http://www.nh.gov/nharts/grants/grantsupportingmat.htm>) sheet. **Visual artists:** attach slides and slide identification sheet as described on *Preparation of Work Samples* sheet.
6. List three references as described in #10 above.
7. **Disclosure Form:** Please complete and sign this required form in lieu of a background check. The information you provide will be kept confidential. (One copy only)
<http://www.nh.gov/nharts/grants/docs/DisclosureAttachmentRev.doc>

CHECKLIST

- ☐ All sections of the application form are completed and application is signed;
- ☐ Attachments/support materials (as noted above in #1-7);
- ☐ Three copies plus original to send to the Council, plus one copy for your file;
- ☐ Stamped, self-addressed envelope is included if you would like your support materials returned.

CERTIFICATION

I hereby certify that the foregoing statements are true and complete to the best of my knowledge, and that I, or at least one member of the applicant ensemble, is a legal resident of New Hampshire.

Signature

Date

Postmark by April 2, 2007 and return with application form and attachments to:

Judy Rigmont, Community Arts Coordinator

New Hampshire State Council on the Arts

2 1/2 Beacon Street – 2nd Floor

Concord, NH 03301

Telephone: 603/271-0794; TDD: 1-800/735-2964 e-mail: Judy.L.Rigmont@dcr.nh.gov